

Free Care

Answering your questions about the
Massachusetts Uncompensated Care Pool

Notes

This newsletter is intended to answer questions about Free Care eligibility, and to help hospitals and community health centers understand the free care eligibility regulation, 114.6 CMR 10.00.

If you have questions about free care eligibility, please contact the Division of Health Care Finance and Policy at 617-988-3222.

Please share this newsletter with everyone at your facility who assists patients with free care applications.

The Pharmacy Program and The Pharmacy Program Plus

The Commonwealth recently expanded the eligibility guidelines for the Pharmacy Program (formerly known as the Senior Pharmacy Program), and created a new catastrophic drug program called the Pharmacy Program *Plus*. Providers should screen patients for eligibility for these two programs, encourage patients to apply, and assist with the application process.

The Pharmacy Program provides up to \$1,250 annually to eligible elders and younger people with disabilities to pay for prescription drugs. A qualified applicant must be a Massachusetts resident age 65 or over with gross annual income not greater than 188% of the Federal Poverty Income Guidelines and must not be enrolled in MassHealth or CommonHealth. Applicants under age 65 must work less than 40 hours per month and meet the disability guidelines for CommonHealth. People may apply individually or as a married couple.

The Pharmacy Program *Plus* provides an unlimited prescription benefit for elders and younger people with disabilities who incur high prescription costs relative to their incomes. This one-year program runs from January 1, 2000 to December 31, 2000. A qualified applicant must be a Massachusetts resident age 65 or over with gross annual income not greater than 500% of the Federal Poverty Income Guidelines, must have spent at least 10% of gross monthly household income on prescription drugs (including HMO or Pharmacy Program benefit payments) in three of the past six months and continuing prescription drug costs will exceed five percent of gross quarterly household income. Applicants under age 65 must work less than 40 hours per month and meet the disability guidelines for CommonHealth.

For more information or an application for either program call toll-free 1-800-AGE-INFO or TTY: 1-800-813-7787 (for hearing disabilities).

Confidential Services

The Division of Health Care Finance and Policy (DHCFP) recently clarified its policy on confidential teen services (Administrative Bulletin 00-04). For the purpose of free care eligibility, minors receiving confidential services under M.G.L. Ch.112 s.12F may apply for free care using their own income information when no other source of funding is available to pay for the services confidentially. A free care application completed by a minor under this provision is valid only for the purpose of billing the Uncompensated Care Pool for confidential medically necessary services provided under M.G.L. Ch.112 s.12F. It is not valid for the purpose of billing other, non-confidential medically necessary services to the Pool, even if these other services are provided during the minor's eligibility period. For all other services, minors are subject to the standard free care application procedures and documentation requirements, and must complete a free care application documenting family income. DHCFP will audit providers to ensure compliance with these requirements.

Free Care Application and Documentation Storage

When the electronic data collection system is implemented, DHCFP will accept the following options for storing and retrieving free care application documentation for audit and verification:

- Option 1—Provider maintains paper applications (entire application including signature page and facility use only form) and copies of documentation plus electronic records.
- Option 2—Provider maintains paper applications and scans documentation.
- Option 3—Provider maintains documentation and scans paper applications.
- Option 4—Provider scans paper applications and documentation.

Any scanned information must be a clear facsimile of the original (including all signatures, authorizations, and notes) and must be easily accessible upon audit or upon request from the Division or the applicant.

Argeo Paul Cellucci
Governor

Jane Swift
Lieutenant Governor

William D. O'Leary
Secretary, Executive Office of
Health & Human Services

Division of Health Care
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2000 Federal Poverty Income Guidelines

Family Size	200%	250%	300%	350%	400%
1	\$16,700	\$20,875	\$25,050	\$29,225	\$33,400
2	\$22,500	\$28,125	\$33,750	\$39,375	\$45,000
3	\$28,300	\$35,375	\$42,450	\$49,525	\$56,600
4	\$34,100	\$42,625	\$51,150	\$59,675	\$68,200
5	\$39,900	\$49,875	\$59,850	\$69,825	\$79,800
6	\$45,700	\$57,125	\$68,550	\$79,975	\$91,400
7	\$51,500	\$64,375	\$77,250	\$90,125	\$103,000
8	\$57,300	\$71,625	\$85,950	\$100,275	\$114,600
Each additional person	add \$5,800	\$7,250	\$8,700	\$10,150	\$11,600

- 2000 Federal Poverty Income Guidelines are effective February 15, 2000.
- Providers may begin using these guidelines immediately to calculate free care eligibility.
- All providers must be using the new 2000 guidelines by Monday, March 6, 2000.

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- Are you the correct contact person at your site for this information? Are your name and address correct?
Please note any changes directly on this label and send to the address above or fax to Dorothy Barron at (617) 727-7662.

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Children’s Medical Security Plan

The Massachusetts Department of Public Health (DPH) is pleased to announce an expansion of benefits for the Children's Medical Security Plan (CMSP). As of March 1, 2000:

- Durable Medical Equipment benefit increases from \$200 to \$500 per member per year for costs associated with asthma, diabetes and epilepsy;
- Outpatient Mental Health Services benefit increases from 13 to 20 visits per member per year; and
- Prescription Medicines benefit increases from \$100 to \$200 per member per year.

DPH will also be implementing dental benefits in the spring of 2000 and will notify you when more information is available. Contact Robert Seymour at (617) 624-6078 for more information regarding the expansion of benefits. (Please note that the eligibility requirements for CMSP will not be modified as a result of this expansion, only the benefit package.)